



CITY OF
HEREFORD
POLICE DEPARTMENT

AUTHORIZATION TO RELEASE INFORMATION

To Whom It May Concern,

I hereby request and authorize you to furnish **The Hereford Police Department** with any and all information they request concerning my work record, educational and training record, military record, financial status, criminal record, and general reputation. This authorization is specifically intended to include any and all information of a confidential or privileged nature, including any psychiatric evaluations or psychological testing, as well as photocopies of such documents, if requested. The information will be used for the purpose of determining my eligibility for employment as a **police officer**.

I hereby release you and your organization from any liability, which may or could result from furnishing the information requested above or from any subsequent use of such information in determining my qualifications to serve.

Applicant's signature _____

Witness Signature(**required**) _____

Date: _____

READ THESE INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

These instructions are provided as a guide to assist you in properly completing the Personal History Statement. It is essential that the information be accurate in all respects. It will be used as a basis for a background investigation that will determine your eligibility for the Police Department.

1. Your Personal History Statement should be printed legibly in black ink by you and no other person. Answer all questions to the best of your ability.
2. If a question is not applicable to you, enter N/A in the space provided.
3. Avoid errors by reading the directions carefully before making any entries on the form. Be sure your information is correct and in proper sequence before you begin.
4. You are responsible for obtaining correct names, addresses and telephone numbers. If you are not sure of an address or telephone number, check it by personal verification. Your local library may have a directory service or copies of area telephone directories.
5. If there is not sufficient space on the form for you to include all information required, attach extra sheets to the Personal History Statement. Be sure to reference the relevant section and question number on the attached sheets.
6. An accurate and complete form will help expedite your investigation. On the other hand, deliberate omissions or falsifications may result in disqualification.
7. You must attach copies of the following documents to the completed Personal History Statement.
 - A. Birth Certificate
 - B. Basic Peace Officer's Certificate
 - C. Drivers License
 - D. High School Diploma or GED Certificate
 - E. College Diploma(s) and or Transcript(s)
 - F. Marriage Certificate - if applicable
 - G. Dissolution of marriage Decree - if applicable
 - H. Military Discharge Papers - Form DD-214
8. Return completed Personal History Statement, including all required documents, to the city, prior to the official deadline.

POLICE OFFICER PERSONAL HISTORY STATEMENT

A. APPLICANT IDENTIFICATION: Information provided in this section is used for identification only.

1. Name: _____
 Last First Middle

2. Address: _____
 Number, Street, City, State, Zip Code

3. Home Telephone: _____ Work: _____

4. Date of Birth: _____

5. Maiden names, Nicknames, or other names by which you have been known:

6. Social Security Number: _____

7. Place Of Birth: _____
 City, County, State

8. Are you a U.S. Citizen ☐ Yes ☐ No

9. Drivers License Number: _____

State of Issue: _____

10. Type of T.C.L.E.O.S.E. License held: _____

Expires: _____

11. Height: _____

12. Weight: _____

13. Color Of Eyes: _____

14. Color Of Hair: _____

15. Scars, Tattoos, or other distinguishing marks: _____

B. RESIDENCES: All addresses where you have lived during the past ten years, beginning with present address. List date by month and year.

FROM	TO	ADDRESS
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[illegible]

C. WORK HISTORY: Beginning with present, or most recent job, list all employment since the age of 17, including part-time, temporary, or seasonal employment. Include all periods of unemployment. Include month and year in periods of employment. Attach extra sheets if needed.

1. Employer: _____

Address:

From: To: Phone #:

Job Title:

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving:

2. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

3. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

4. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

5. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

6. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

7. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

8. Employer: _____

Address: _____

From: _____ To: _____ Phone #: _____

Job Title: _____

Duties: _____

Supervisor: _____ Name of Co-Worker: _____

Reason for Leaving: _____

D. Have you ever served in the United States Armed Services? Y / N

Branch _____ Date from _____ to _____

Type of Discharge _____

If dishonorable, explain: _____

E. Are you related to anyone now employed by this City?
Y / N

If yes, whom and what relation are they? _____

F. EDUCATIONAL HISTORY:

1. High Schools Attended City & State From To Graduated?

2. College or University Attended: _____

City and State: _____

Dates Attended: _____

Units Completed: _____ Major/Minor: _____

Degree, if any, and date: _____

Is Transcript attached? ☐ Yes ☐ No

College or University Attended: _____

City and State: _____

Dates Attended: _____

Units Completed: _____ Major/Minor: _____

Degree, if any, and date: _____

Is Transcript attached? ☐ Yes ☐ No

3. List other schools attended (trade, vocational, business, etc)
Include name and address of school, dates attended, course of
study, certificate, and other pertinent information.

G. SPECIAL QUALIFICATIONS AND SKILLS:

List Any special licenses/skills that are held (such as firearm instructor, intoxilyzer operator, Field Training Officer, CPR, DARE, scuba, etc.) Show Year of licensing or instruction.

List any specialized machinery or equipment you can operate.

If you are fluent in any other language other than English, indicate so and degree of fluency (excellent, good, fair).

List any other qualifications: _____

H. ARREST, DETENTION, LITIGATION: Include all felonies, misdemeanors, except traffic violations (except for DWI and reckless driving.)

Arrests or detention by Law Enforcement.

Offense/Charge	Agency City & State	Date	Disposition
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Are You presently under indictment for a criminal offense?

☐ Yes ☐ No

If Yes, give details: _____

Have You ever been involved as a party in a civil suit? ☐ Yes

☐ No

If Yes, give details (include date, court in which filed and location, cause number, if available).

I. TRAFFIC RECORD:

1. Has your driver's license ever been suspended or revoked?

☐ Yes ☐ No

If Yes, give date, location and reasons: _____

2. List all states in which you have held a drivers license:

State

DL#

3. With what company do you carry auto insurance?

Policy Number: _____

4. List to the best of your memory all the traffic citations you have received, excluding parking tickets.

Month & Year	Charge	City & State	Disposition
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Describe any traffic accidents in which you have been involved.

Month & Year	City & State	Investigating Agency
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

J. MARITAL AND FAMILY HISTORY

1. Are You? ☐ Single ☐ Separated ☐ Divorced ☐ Widowed
☐ Engaged ☐ Married

2. If Engaged?

Name of Fiancé or Fiancée: _____

Address: _____ H-Phone: _____

W-Phone: _____

Name of Employer: _____

Business Address: _____

3. If Married?

Date: _____ City & State: _____

Spouse's Name: _____

Spouse's Employer: _____

Business Address: _____

Business Phone: _____

4. If ever Separated, Divorced, or Widowed:

Date of Marriage: _____

City & State: _____

Spouse's Name: _____

Present Address & Phone: _____

5. List all children related to you or your spouse (natural, step-children, adopted & foster children).

Name	Relation	Age	Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

6. List all other dependents

Name	Relation	Age	Address
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. List other relatives in the following order: Father, Mother brothers & sisters, If deceased, so indicate.

Name	Relation	Age	Address & Phone
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8. List all other persons that reside with you, either full time or part time, and declare their relationship to you.

Name	Relationship	How long
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K. REFERENCES: List persons you know well enough to provide information about you. Do not list relatives or former employers.

Name: _____

Address: _____

Phone: _____ Years Known: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Known: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Known: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Known: _____

Occupation: _____

Name: _____

Address: _____

Phone: _____ Years Known: _____

Occupation: _____

L. MEMBERSHIP IN ORGANIZATIONS: (Past and/or Present)

Name & Address:	Type:	From:	TO:
-----------------	-------	-------	-----

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

M. PERSONAL DECLARATIONS:

1. Have you violated any drug related law in the past five years?

If yes, state circumstances: _____

2. Have you at any time in your life sold drugs illegally or transported drugs for the purpose of illegal selling.

Yes _____ NO _____

3. Have you violated any alcohol related law in the past five years?

If yes, state circumstances: _____

4. If it became necessary to take a human life in the course of your duties as a police officer, would you be able to do so?

____ Yes ____ No

If no, explain:

5. Would you be available to work shift work, weekends and holidays?

____ Yes ____ No

If no, explain:

6. Have you ever made application for employment with this or any other law enforcement or related agency? ☐ Yes ☐ No

If so, give agency, date(s), and status of application.

Agency	Address	Date	Status
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7. Have you ever been asked to quit or resign from a job in lieu of being terminated? ☐ Yes ☐ No

If so, explain:

8. Are there any incidents in your life or details not mentioned herein which may influence this agency's evaluation of your suitability for employment? Yes No

If so, explain:

I hereby certify that there are no willful misrepresentations, omissions, or falsifications in the foregoing statements and answers to questions. I am fully aware that any such willful misrepresentations, omissions, or falsifications may be grounds for immediate rejection or termination of employment

Signature of Applicant

Date

This City and the Police Department are equal opportunity employers. Qualified applicants are considered for all positions without regard to race, color, sex, religion, national origin, handicap, age or veterans status.

Would you like to change any of the information you have provided?

Before you answer the following questions we would like to inform you that each word of your answer will be evaluated. We would like you to take your time and think before you answer.

1. Did you lie in any of the information which you provided earlier on this form?
2. Did you withhold any significant information in the information which you provided earlier on this form?
1. How do you feel now that you have completed this form?
2. Should we believe your answers to the questions?
3. If your answer to the last question was yes, give us one reason why.
4. What would you say if it was later determined that you lied on this form?
5. While filling out this form what were your emotions?
6. Were you afraid while completing this form?

Please write in detail what you would like to appear in the report in your case.